

**PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE (S):** Information is to monitor the caseloads in legal assistance office. **ROUTINE USE (S):** Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

**MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE:** Disclosure of SSN if voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit the Legal Assistance Office the ability to provide assistance.

Receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney. The attorney-client relationship will terminate when the attorney's involvement in the current transaction ends.

FOR OFFICE ID CARD SCREEN \_\_\_\_\_ CONFLICT CHECK: \_\_\_\_\_ CONFLICTED: YES ☐ NO ☐  
 STAFF ONLY APPT WITH: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

## LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

### BRING ALL PERTINENT PAPERWORK TO THE APPOINTMENT

This includes all contracts, leases, previous wills or trust agreements, divorce or other marriage orders, agreements, judgments or decrees, all law suit pleadings, petitions, or other documents and all letters you have received or sent regarding your situation. If you do not have all documentation with you, your appointment may be rescheduled.

Only provide information that is applicable to your situation. If it doesn't apply insert "N/A". All questions must be answered.

Appointment Type: ☐ Scheduled appointment ☐ Walk-in

Person seen: ☐ Attorney ☐ Paralegal ☐ Staff

Your Name (Last, First, MI): \_\_\_\_\_ Your SSN: \_\_\_\_\_

Contact Numbers Work: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Male ☐ Female Date of Birth: \_\_\_\_\_ ☐ Active Duty ☐ Inactive Reserve/Guard ☐ Retiree ☐ Dependant - Enter Sponsor's info here: \_\_\_\_\_

Please Enter Military Information Command/Employer: \_\_\_\_\_

Rank/Rate: \_\_\_\_\_ Pay Grade: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ EAS: \_\_\_\_\_

Your Spouse's Name: \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

**CONSENT TO DISCLOSE CONFLICT: If an opposing party is entitled to Legal Assistance and comes into one of the Legal Assistance offices, we cannot represent that person if you have formed an attorney-client relationship here. It will then be necessary to tell the opposing party or any conflicted party that this office represents you AND cannot represent them. Do you consent to this office disclosing that we represent you?** Yes ☐ No ☐

Does an attorney currently represent you? If yes, the attorney's name: \_\_\_\_\_ Yes ☐ No ☐

Have you received services from this Legal Assistance Office before? Yes ☐ No ☐

If yes, what services did you receive? \_\_\_\_\_

Have you seen a Legal Assistance Attorney before? If yes, what is the attorney's name: \_\_\_\_\_ Yes ☐ No ☐

What issue will you be discussing during your appointment? Check all that apply:

- |  |   |   |  |   |                                     |
|--|---|---|--|---|-------------------------------------|
| <input type="checkbox"/> Adoption  | <input type="checkbox"/> Name Change                        | <input type="checkbox"/> Auto or other purchase or sale | <input type="checkbox"/> Auto/house repair | <input type="checkbox"/> Credit or collection problem | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Support   | <input type="checkbox"/> Custody                            | <input type="checkbox"/> Guardianship                   | <input type="checkbox"/> Divorce           | <input type="checkbox"/> Annulment                    | <input type="checkbox"/> Paternity  |
| <input type="checkbox"/> Naturalization  | <input type="checkbox"/> Citizenship                        | <input type="checkbox"/> Resident permit                | <input type="checkbox"/> Visa              | <input type="checkbox"/> Employment                   | <input type="checkbox"/> Probate    |
| <input type="checkbox"/> Military Rights and Benefits                              | <input type="checkbox"/> Soldier & Sailors Civil Relief Act | <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Elder law         | <input type="checkbox"/> Estate tax                   | <input type="checkbox"/> Eviction   |
| <input type="checkbox"/> Real estate purchase/sale                                 | <input type="checkbox"/> Lease                              | <input type="checkbox"/> Rental                         | <input type="checkbox"/> Security deposit  | <input type="checkbox"/> Living wills                 | <input type="checkbox"/> Trusts     |
| <input type="checkbox"/> Taxes   | <input type="checkbox"/> Income sales                       | <input type="checkbox"/> Property                       | <input type="checkbox"/> Wills             |   |                                     |
| <input type="checkbox"/> Uniformed Services Employment and Reemployment Rights Act |   |   |  |   |                                     |
| <input type="checkbox"/> OTHER ISSUE: (explain) _____                              |   |   |  |   |                                     |

### IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name: \_\_\_\_\_ Party's SSN (If known) \_\_\_\_\_

Home or Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ Active Duty ☐ Inactive Reserve/Guard ☐ Retiree ☐ Dependant ☐ Other (Explain) \_\_\_\_\_

Rank/Rate: \_\_\_\_\_ Pay Grade: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Command: \_\_\_\_\_

Your Signature \_\_\_\_\_

Date: \_\_\_\_\_